

INSTRUCTIONS FOR COMPLETING THE CHILD CARE FACILITY IMPROVEMENT GRANT INVOICE

During the life of your Child Care Facility Improvement contract, you must submit an Invoice by no later than the end of the following month to claim reimbursement for each month in which you expend funds for materials, supplies, or services approved in your grant application. For example, an Invoice for allowable expenditures in July should be submitted no later than August 31. All funds awarded must be expended by September 30, 2011.

The Invoice may be completed using a computer via an Excel spreadsheet, in which case the formulas built into the spreadsheet will calculate mathematical totals for you. However, you may print the Invoice and complete it manually, in which case, you will be required to perform the mathematical calculations yourself. In either case, a signature is required on the Invoice and copies of all receipts being claimed for reimbursement on that Invoice must be attached in order for it to be paid.

It is recommended that you save a master copy of the Invoice with all of your contract information, to include budget amounts, to your computer before you submit your first Invoice so that you do not have to re-enter all of this information each month. It is also strongly recommended that you save a copy of your completed Invoice each month so that you have a record of what you submitted for reimbursement and how much funding you have remaining at the end of each month.

SEND TO: Mail, fax, or scan and e-mail as an attachment the signed Invoice and copies of receipts to the address, fax number, or e-mail address shown on the Invoice. (Keep in mind that the receipts **MUST** be legible and that legibility is often compromised by faxing.)

Invoice #: Enter a unique, never-before-used combination of a maximum of 12 numbers, letters, and special characters to identify the Invoice. These **MUST** be different on **EACH** Invoice you submit.

Contract #: Enter the contract number (such as, SDA4220XXX) that the Department of Social Services has assigned to your Child Care Facility Improvement Contract as it appears on your contract.

Amendment #: Enter the amendment number (such as -001) that has been assigned to the amendment of your Child Care Facility Improvement Contract as it appears on the amendment. (If no amendments have been issued, the amendment number will be -000.)

Program Year: Enter the program year of the Child Care Facility Improvement Contract for which you are reporting. Program years start on July 1 of one year and end on June 30 of the next year, such as July 1, 2010 through June 30, 2011. The program year is the year in which the contract ends, in this example, 2011.

Indicate the month for which you are requesting reimbursement: Check the box that indicates the month for which you are submitting receipts and requesting reimbursement.

Vendor #: Enter the Vendor Number assigned to you by the State of Missouri to which payments are being made under this contract.

Contractor Name (as it appears on your contract): Enter the name of your child care facility, organization, or LLC as it appears on your contract.

Contractor Address: Enter the address of your child care facility, organization, or LLC as it appears on your contract.

Missouri Vendor Address (as entered on Vendor Input form MO 300-1489N when registering as a MO vendor, if different): Enter the address that you indicated on the Vendor Input form when you registered as a vendor with the State of Missouri so that payments could be made to you if it is different than the Contractor Address above.

Contact Person: Enter the name of the person who should be contacted if there are any questions regarding the Invoice.

Phone #: Enter the telephone number of the person who should be contacted if there are any questions regarding the Invoice. This field is formatted in a telephone format on the Excel spreadsheet version of the Invoice and you are not required to enter dashes or parentheses.

E-Mail Address: Enter the E-mail address of the person who should be contacted if there are any questions regarding the Invoice.

BUDGET CATEGORY: These are the budget categories for which you were allowed to submit proposals under the Child Care Facility Improvement Grant. Some contractors may only have one category or the other, and some may have both, depending on their specific proposal.

- **Minor Remodeling**
- **Materials, Supplies, and Equipment**

To complete the Invoice, you must complete the following fields for each of the Budget Categories as it applies to your specific awarded proposal.

A - Budget Amount (From Your Contract): Enter the total amount for each Budget Category that is included in your contract. If you are using the Excel spreadsheet version of the Invoice, dollar amounts are formatted as \$00.00.

B - Previous Reimbursement Requests YTD: Enter the total amount of reimbursement you have requested during the program year under this contract for each Budget Category.

If this is your 1st month's Invoice, this amount will be "0".

If this is your 2nd month's Invoice, this amount will be equal to the amount that you requested on your 1st month's Invoice.

If this is your 3rd month's Invoice, this amount will be equal to the amount that you requested on your 1st and 2nd months' Invoices.

If this is your 4th month's Invoice, this amount will be equal to the amount that you requested on your 1st, 2nd, and 3rd months' Invoices and so on until you exhaust all funds that are available to you, you complete all approved projects, or your contract expires.

ATTENTION

If you are completing an Excel spreadsheet version of the Invoice, you MUST complete the receipt-entry portion of the Invoice before you proceed with Columns C, D E, and F.

If you are completing a paper version of the Invoice, it is STRONGLY recommended that you complete the receipt-entry portion of the Invoice before you proceed with Columns C, D, E, and F.

C - Current Reimbursement Request: If you are completing a paper version of the Invoice, enter the amount of reimbursement you are requesting for each Budget Category. If you are using the Excel spreadsheet version of the Invoice, the totals in each of the Budget Categories will calculate and display in the Current Reimbursement Request column after you have entered them into the receipt-entry form.

D - Total Reimbursement Requests YTD (B + C): Enter the total amount of requests for reimbursement that you have previously submitted for this contract for this program year, to include the one that you are submitting for the current month.

If this is your 1st month's Invoice, all totals in this column will equal the amounts entered in Column C.

If this is your 2nd month's Invoice, YTD Reimbursements will equal the total of the amounts you requested on the 1st month's Invoice (Column B) and are requesting on the 2nd month's Invoice (Column C).

If this is your 3rd month's Invoice, YTD Reimbursements will equal the total of the amounts you requested on the 1st and 2nd months' Invoices (Column B) and are requesting on the 3rd month's Invoice (Column C).

If this is your 4th month's Invoice, YTD Reimbursements will equal the total of the amounts you requested on the 1st, 2nd, and 3rd months' Invoices (Column B) and are requesting on the 4th month's Invoice (Column C) and so on.

E - Total Returns YTD: Enter the total amount of returns/refunds for each Budget Category for which you have already received reimbursement payment since contract award, including those you are submitting with this Invoice.

F - Funds Remaining (A - D + E): This column reflects the amount of funds that you have remaining year-to-date. If you are submitting a paper Invoice, subtract the **Total Reimbursement Requests YTD** (Column D) from the **Budget Amount** (Column A) and add the **Total Returns YTD** (Column E) to determine this amount. If you are submitting an Excel spreadsheet version of the Invoice, this will calculate and display automatically.

TOTALS: If you are using the Excel spreadsheet version of the Invoice, the column totals will calculate and display automatically. If you are using a paper version of the Invoice, you must manually calculate and enter the totals for each of the columns (A-F).

TOTAL AMOUNT REQUESTED: If you are using the Excel spreadsheet version of the Invoice, the total amount of reimbursement being requested will calculate and display (this should be the total of all **Budget Category** items from Column C - **Current Reimbursement Request** and should match the **Current Reimbursement Request** total on the third page of the Invoice). If you are using a paper version of the Invoice, you must manually calculate and enter the **Total Amount Requested**, ensuring that it matches Column C - **Current Reimbursement Request** and the **Current Reimbursement Request** total on the third page of the Invoice.

Print Name and Title: Print or type the name and title of the person responsible for the information on the Invoice.

Signature: The individual responsible for the information on the Invoice signs here.

Date: Enter the date that the Invoice is signed and submitted for payment. If using Excel, this is formatted as XX/XX/XX.

All receipts being submitted for reimbursement must be listed on the second and third pages of the Invoice as outlined below. Any receipt not listed and/or for which a readable copy is not provided will not be reimbursed.

CONTRACTOR NAME: If you are using the Excel spreadsheet version of the Invoice, the Contractor Name will display here when you enter it on the first page of the Invoice. If you are using the paper version of the Invoice, enter the name of your child care facility, organization, or LLC as it appears on your contract.

Contract #: If you are using the Excel spreadsheet version of the Invoice, the Contract Number will display here when you enter it on the first page of the Invoice. If you are using the paper version of the Invoice, enter the contract number (such as, SDA4220XXX) that the Department of Social Services has assigned to your Child Care Facility Improvement Contract as it appears on your contract.

BUDGET CATEGORY: Enter individual receipts for which you are requesting reimbursement onto the Invoice under the appropriate Budget Category (below) as per the budget you submitted with your Child Care Facility Improvement proposal. Some contractors may only have one category or the other, and some may have both, depending on their specific proposal.

- **Minor Remodeling**
- **Materials, Supplies, and Equipment**

DATE OF PURCHASE: Enter the date of purchase indicated on the receipt. If you are using the Excel spreadsheet version, dates are formatted as XX/XX/XX.

VENDOR OR SUPPLIER: Enter the name of the vendor or supplier who issued the receipt.

RECEIPT TOTAL: Enter the total amount of the receipt for which you are claiming reimbursement. If you are using the Excel spreadsheet version, dollar amounts are formatted as \$00.00.

MINOR REMODELING/MATERIALS, SUPPLIES & EQUIPMENT SUBTOTAL: If you are using the Excel spreadsheet version of the Invoice, the Subtotal for each Budget Category will calculate and display. If you are using the paper version, you must calculate and enter the subtotals for each Budget Category yourself.

CURRENT REIMBURSEMENT REQUEST: If you are using the Excel spreadsheet version of the Invoice, the Current Reimbursement Request will calculate and display. If you are using the paper version, you must calculate and enter the Current Reimbursement Request by adding the Subtotals from the Minor Remodeling and Materials, Supplies, & Equipment Budget Categories. The total that you enter here must match the Total Amount Requested on the first page of the Invoice.

RETURNS: Enter individual receipts for any items for which you have received a refund for which the DSS/Children's Division has previously provided you reimbursement under your Child

Care Facility Improvement Grant contract. Attach copies of any refund receipts to the Invoice when you submit it for payment.

DATE OF RETURN: Enter the date of return indicated on the receipt. If you are using the Excel spreadsheet version, dates are formatted as XX/XX/XX.

VENDOR OR SUPPLIER: Enter the name of the vendor or supplier that issued the refund.

RECEIPT TOTAL: Enter the total amount of the refund. If you are using the Excel spreadsheet version, dollar amounts are formatted as \$00.00.

**DO NOT FORGET TO ATTACH COPIES OF ALL RECEIPTS BEING CLAIMED FOR REIMBURSEMENT
OR FOR WHICH REFUNDS WERE RECEIVED TO THE INVOICE. INVOICES WILL NOT BE PAID
UNLESS THESE ARE RECEIVED.**

SIGN AND DATE THE INVOICE.

KEEP A COPY OF THE INVOICE FOR YOUR FILES.